

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-D		4-19-00
O.I.P.E. CLASSIFIER		19	42900
FORMALITY REVIEW		71634	6/15/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1 ✓✓	7/28/00
2 ✓✓	8/4/00
3 ✓✓	
4 ✓✓	
5 O O	
6 O O	
7 ✓✓	
8 O O	
9 O C	
10 O O	
11 ✓✓	
12 O O	
13 O O	
14 O O	
15 O O	
16 D O	
17 D C	
18 ✓✓	
19 O O	
20 D C	
21 O ✓	
22 O O	
23 D O	
24 D O	
25 O O	
26 O O	
27 O O	
28 ✓✓	
29 ✓✓	
30 ✓✓	
31 ✓✓	
32 O O	
33 O O	
34 ✓✓	
35 O C	
36 O C	
37 O O	
38 ✓✓	
39 O O	
40 O O	
41 O O	
42 O O	
43 D O	
44 O O	
45 ✓✓	
46 O O	
47 O O	
48 O ✓	
49 O O	
50 O O	

Claim	Date
Final	
Original	
51 O O	7/28/00
52 O O	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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